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# 1997 Health Care Survey of DoD Beneficiaries:

## Key Findings for Alaska

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## Executive Summary

The Health Care Survey of DoD Beneficiaries (HCSDB) is designed to answer the following five questions:

- How *satisfied* are DoD beneficiaries with their health care?
- How *accessible* is health care at military and civilian facilities?
- How *knowledgeable* are beneficiaries about TRICARE and TRICARE Prime, and what are the sources of information about TRICARE?
- What health care *services* do beneficiaries use, and what are the *sources* of those services?
- How much, and what types of, *preventive health care* do beneficiaries use?

Conducted annually since 1995 and sponsored by the Office of the Assistant Secretary of Defense (Health Affairs) [OASD(HA)], the survey is conducted under the authority of the National Defense Authorization Act for Fiscal Year 1993 (P.L. 102-484). This report presents the key findings of the 1997 HCSDB for adults for Alaska. The findings are summarized below.

### Satisfaction

- Of the beneficiaries in Alaska who received some care at a military or civilian treatment facility or both during the 12 months preceding the survey, which we will call patients throughout the report, most were satisfied with the care they received. Satisfaction with care at military treatment facilities (MTFs) in Alaska (63 percent) is slightly higher than the MHS average (59 percent).
- Satisfaction with care at civilian treatment facilities (CTFs) in Alaska (80 percent) is greater than satisfaction with MTF care (63 percent), as is the case in every region. A national civilian benchmark indicates that in 1997, 89 percent of households were satisfied with their health care.
- Satisfaction with civilian care in Alaska is greater than satisfaction with military care among every type of beneficiary except retirees, survivors, and their family members age 65 or over. Among this group, satisfaction with CTF care and satisfaction with MTF care are about equal.
- Of active duty and non-active duty beneficiaries enrolled in TRICARE Prime in Alaska, about 10 percent are unlikely to re-enroll in TRICARE Prime in the next 12 months. Among those who are not currently enrolled in TRICARE Prime, younger beneficiaries are more likely than older beneficiaries to enroll in the next 12 months. Sixteen percent of non-enrollees under age 65 plan to enroll, compared with only 3 percent of non-enrollees age 65 or over.
- Satisfaction among enrollees with a military PCM in Alaska (32 percent) is lower than the average for all regions (49 percent). In the MHS as a whole, enrollees with a military PCM are generally less satisfied than those with a civilian PCM.

### Access to Care

- Of the beneficiaries in Alaska who used an ER in the past year, 23 percent used it because they could not get an appointment with their usual health care provider. Non-active duty personnel enrolled in TRICARE Prime were more likely than other types of beneficiaries to report using the ER because they could not get a regular appointment.

- In Alaska, very few patients (2 to 7 percent) waited longer than 30 days for a routine care appointment at a military facility. A 30-day wait is the TRICARE standard for such an appointment. CTF patients were more likely than MTF patients to get an appointment within a week.
- In Alaska, the incidence of long waits in a physician's office is greater at MTFs than at CTFs. Between 18 and 19 percent of MTF patients reported waiting more than 30 minutes to see a provider, compared with between 5 and 11 percent of CTF patients. The TRICARE standard for office waiting periods is 30 minutes.
- The most frequently cited reasons for not receiving care at a military facility in Alaska are the difficulty of making appointments at a MTF (32 percent), the higher quality of care at civilian facilities (27 percent), and not needing any care in the past 12 months (20 percent). In addition, 19 percent of patients reported that they had never tried to use a MTF. Compared with the average MHS beneficiary, those in Alaska were less likely to cite their distance from a MTF as a barrier to MTF use.

### Knowledge of TRICARE

- Only 17 percent of beneficiaries in Alaska reported having no knowledge of TRICARE. This is much lower than the percentage reporting no knowledge of TRICARE in other pre-TRICARE regions.
- Of the beneficiaries in Alaska who reported knowing at least a little about TRICARE, 26 percent have unclear information about enrolling in TRICARE Prime. Among active duty beneficiaries, 21 percent reported having unclear information about enrolling.
- Of the beneficiaries in Alaska who reported knowing at least a little about TRICARE, the most frequently cited sources of information about TRICARE were a TRICARE presentation (55 percent), information packages mailed to beneficiaries (54 percent), a military base newspaper (33 percent), and friends and neighbors. These are the same four information sources most frequently cited in other regions.

### Source of Care

- Thirteen percent of beneficiaries in Alaska and 25 percent of beneficiaries in all regions used a military pharmacy to fill prescriptions written by a civilian provider in the 12 months prior to the survey. In Alaska, retirees, survivors, and family members age 65 or over (28 percent) were the most likely to do this, while active duty personnel were the least likely (3 percent).
- Ninety-three percent of active duty personnel use a MTF for their regular source of care, as do 89 percent of active duty family members, 57 percent of retirees and their family members under age 65, and 56 percent of retirees and their family members age 65 or over. Only 3 percent of beneficiaries in Alaska rely on something other than a MTF or CTF as their usual source of care.

### Use of Care

- In the 12 months leading up to the survey, MHS beneficiaries who used civilian facilities tended to have more outpatient visits than those who used military facilities. Across all regions, 41 percent of CTF patients had six or more outpatient visits, compared with 31 percent of MTF patients. Similarly, among beneficiaries in Alaska who were not enrolled in TRICARE Prime, CTF patients had more outpatient visits than MTF patients. Among TRICARE Prime enrollees, however, MTF patients had more outpatient visits than did CTF patients.



## Preventive Care

- Nearly all MHS beneficiaries (96 percent) had a blood pressure screening in the past two years, as did 97 percent of beneficiaries in Alaska. Both results exceed the civilian Healthy People 2000 goal of 90 percent.
- Seventy-six percent of beneficiaries in Alaska had a cholesterol screening in the past five years. This meets the Healthy People 2000 goal for adults (75 percent) but is slightly less than the average for all regions (81 percent).
- Eighty-four percent of female beneficiaries age 50 or over in Alaska had a breast cancer screening in the past two years. This result is identical to the MHS average of 84 percent. Both results exceed the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent.
- Ninety-two percent of female beneficiaries and 98 percent of female active duty personnel in Alaska have had a Pap smear in the past three years. Both results meet the Healthy People 2000 goal of 85 percent and surpass the 60 to 70 percent result observed in the civilian sector.
- Of the beneficiaries in Alaska who were pregnant at some point during the year preceding the survey, 87 percent received prenatal care in the first trimester. In the civilian sector, between 76 and 84 percent of pregnant women receive prenatal care in the first trimester. The Healthy People 2000 goal is 90 percent.
- Over three-fourths of male beneficiaries age 50 or over in Alaska (80 percent) and in the MHS overall (78 percent) had a prostate screening in the past two years. The American Cancer Society recommends an annual prostate exam for men age 50 or over.

## Enrollment and Beneficiary Health Status

- Of the beneficiaries in Alaska who reported knowing at least a little about TRICARE, 71 percent are enrolled in TRICARE Prime. This is much higher than enrollment in the average pre-TRICARE region (28 percent).
- In Alaska, 54 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. This means that, in terms of health status, beneficiaries in Alaska are slightly less healthy than their counterparts in the civilian population. Non-active duty personnel enrolled in TRICARE Prime are considerably less healthy than civilians of the same age, with 62 percent falling below the median score for the U.S. population.

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## Chapter

# 1

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## Introduction

The Health Care Survey of DoD Beneficiaries (HCSDB) is a survey of a large, randomly selected and representative sample of U.S. Department of Defense (DoD) health care beneficiaries. Conducted annually since 1995 and sponsored by the Office of the Assistant Secretary of Defense (Health Affairs) [OASD(HA)], the survey is conducted under the authority of the National Defense Authorization Act for Fiscal Year 1993 (P.L. 102-484).

This document is one of a series of reports on the 1997 HCSDB. The following sections outline the basic framework of the survey, how to use its findings, and findings of note.

### Research Questions

The HCSDB is designed to answer the following five questions:

- How *satisfied* are DoD beneficiaries with their health care?
- How *accessible* is health care at military and civilian facilities?
- How *knowledgeable* are beneficiaries about TRICARE and TRICARE Prime, and what are the sources of information about TRICARE?
- What health care *services* do beneficiaries use, and what are the *sources* of those services?
- How much, and what types of, *preventive health care* do beneficiaries use?

This report presents the key findings of the 1997 HCSDB for adults for Alaska. Lead Agents are encouraged to share the findings with their staff members and each officer responsible for a catchment area in their region. The report is designed to provide relevant information to Lead Agents and medical treatment facility (MTF) commanders to inform their management of issues affecting the military health care system and its facilities.

## Reports in the Series

This report is the first in a series of three companion reports for Alaska, which include the following:

- **The 1997 Health Care Survey of DoD Beneficiaries: Key Findings for Alaska.** This report summarizes the key findings for the region. Together with complementary reports on the other 12 TRICARE regions, it serves as an executive summary of the entire study. Each of the 13 reports provides a brief overview of the purpose, background, and methodology of the survey; suggestions on how to use the survey findings; and data exhibits and summaries of findings for each of the five principal research questions outlined above.
- **The 1997 Health Care Survey of DoD Beneficiaries: Summary Report on Catchment Areas for Alaska.** This report presents key survey results for each catchment area in the region. The report also contains an executive summary of the purpose and methodology of the survey.
- **The 1997 Health Care Survey of DoD Beneficiaries: Technical Regional Report for Alaska.** This report has three functions. First, it presents a complete and detailed documentation of the survey methodology and is to be used as a reference. Second, it presents a complete set of survey results for the region. Third, it presents key survey results for each catchment area in the region.

## Background

Title VII, Subtitle C, of the National Defense Authorization Act for Fiscal Year 1993 directs the U.S. Secretary of Defense to conduct an annual survey of DoD beneficiaries to assess their knowledge and use of the military health care system as well as their satisfaction with the system's accessibility and quality of care. In 1993, DoD assigned responsibility for the survey to OASD(HA), which designed the survey in 1994 and sponsored its administration in 1995, 1996, and 1997. Following the 1995 and 1996 surveys, OASD(HA) provided a regional report on the survey findings to each Lead Agent.

In the summer of 1997, OASD(HA) sponsored a re-evaluation of these regional reports. United HealthCare performed the assessment, interviewing several Lead Agents and their staff members and making recommendations to OASD(HA) for future reports. The reports in this 1997 series are based on those recommendations.

## How to Interpret the Survey Findings

Focusing on the research underlying the HCSDB is the best way to understand and make use of the survey findings. Those questions, outlined on page 1, reflect two sets of variables.

The first set of variables comprises the *outcome* (or dependent) *variables*. These include answers to survey questions on beneficiaries' satisfaction with their health care, barriers to accessing care, knowledge of TRICARE, use of health care and preventive services, and sources of health care.

The second set of variables comprises the *explanatory* (or independent) *variables*, which may help explain differences in one or more of the outcome variables listed above. Exhibit 2.1 in Chapter 2, for example, presents findings on beneficiaries who reported being satisfied with their health care in each of the 13 regions. The exhibit addresses the question: "How does the satisfaction of beneficiaries (the outcome variable) differ across regions (the explanatory variables)?" In other words, does the location of beneficiaries in a particular region appear to affect their level of satisfaction?

Throughout the regional and catchment area reports in this series, all exhibits display the outcome variable on the vertical axis (the Y-axis) and the explanatory variables on the horizontal axis (the X-axis).

In Exhibit 2.1, the height of a given bar represents the average percentage of beneficiaries reporting being satisfied with their health care in the region indicated on the horizontal axis. Similarly, in many of the other exhibits, the height of a given bar represents the percentage of the beneficiaries in question who fall into the category indicated on the horizontal axis.

It is important to recognize that the results of any survey are not strictly precise. The statistics presented in this report are *estimates* of the true answers to the research questions, both because the survey is based on a sample, rather than on a census of the entire population in the Defense Enrollment Eligibility Reporting System (DEERS), and because some of the people surveyed chose not to respond. The survey design does, however, allow us to evaluate how precise the estimates are. The margin of error for estimates based on all beneficiaries or all patients in Alaska is less than 2 percentage points. The margin of error for estimates based on TRICARE Prime enrollees in Alaska is approximately 2 percentage points. Estimates based on smaller subgroups, such as pregnant women, may be considerably less precise. The *Technical Report on Alaska* in this series presents a more detailed discussion of these issues, such as standard errors, weighting of the completed questionnaire, and adjusting the data to account for nonrespondents.

## Methodology

In September 1997, the Defense Manpower Data Center (DMDC) drew a random sample of DoD beneficiaries from the DEERS database that is representative of all persons in the system as of July 14, 1997. DEERS includes all persons eligible for a military health system (MHS) benefit: personnel activated for more than 30 days in the Army, Air Force, Navy, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, National Oceanic and Atmospheric Administration, and National Guard or Reserve, as well as other special categories of people who qualify for health benefits. DEERS covers active duty personnel and their families as well as retirees and their family members.

In November and December 1997, Data Recognition Corporation mailed the survey questionnaire to 156,388 adults and 30,253 parents of sampled beneficiaries under age 18. Of the adult questionnaires, 78,857 were completed and returned by the due date of March 31, 1998, for a response rate of 50.8 percent. Of the child questionnaires, 14,293 were completed and returned by the due date, for a response rate of 47.4 percent.

Both the adult questionnaire (Form A) and the child questionnaire (Form C) include a variety of survey questions designed to answer the five research questions listed on page 1, although the child questionnaire covers them in somewhat less detail. The Form A survey questionnaire may be found in Appendix E of the Technical Regional Report.

The sample for Alaska included 3,104 adults and 2,401 parents of sampled children. Of the adults, 1,512 returned completed questionnaires by the due date, for a response rate of 49.7 percent; 1,062 parents of sampled children did the same, for a response rate of 44.4 percent.

To ensure that the survey results are representative of the DEERS population, Mathematica Policy Research, Inc. (MPR) adjusted the data to reflect the characteristics of the initial sample and to correct for the sampled individuals who chose not to respond to the survey. The data in this report are therefore estimated to be representative of the population of persons eligible for military health care in Alaska. The survey methodology and analysis are described in detail in "The 1997 Health Care Survey of DoD Beneficiaries (HCSDB): Technical Manual".

## The HCSDB in Context with Other Data Sources

The HCSDB is one of several DoD health surveys. The HCSDB is unique, providing information that is unavailable from any other DoD health survey. Specifically, the HCSDB is the only survey covering the topics listed above representing *all* DoD beneficiaries. The other DoD health surveys represent only a portion of the beneficiary population. Thus, the HCSDB is the only data on these topics representing the entire population a Lead Agent or a MTF commander is charged with.

The following is a summary contrasting the HCSDB with these other sources:

- **Health Enrollment Assessment Review (HEAR).** The health status findings of the HCSDB are not comparable to those of the HEAR because the surveys represent different populations. The HCSDB represents all military health system beneficiaries as of a single date, July 14, 1997, and their survey responses between December 1997 and March 1998 (for the 1997 HCSDB). In contrast, the HEAR represents those who enrolled in TRICARE during the previous year; the results are considered a part of the patient's medical record as a managed care tool, and are seldom accessible for making generalizations.

New enrollees do not, in general, have the same health status or other characteristics as the population of all beneficiaries. For example, new enrollees are younger, on average, than other beneficiaries, and their health status is therefore different from that of older beneficiaries.

- **MTF Customer Satisfaction Survey.** The HCSDB results on satisfaction are not comparable to the results of the Customer Satisfaction Survey, again because the two surveys represent different populations. The HCSDB results represent the satisfaction of all DoD beneficiaries, regardless of the source of care, whereas the Customer Satisfaction Survey results represent the satisfaction of patients, that is, those who visit a MTF or other military clinic. Moreover, the Customer Satisfaction Survey queries its sample members immediately following the person's visits to the MTF or clinic and asks about that specific visit. The results will be significantly different if an individual is generalizing their satisfaction over an extended period, as in the HCSDB, as compared to focusing on a specific visit.
- **Survey of Health-Related Behaviors among Military Personnel (SHRBMP).** The preventive care results of the HCSDB are not comparable to those of the SHRBMP because the two surveys represent different populations. While the HCSDB results represent the preventive care of all DoD beneficiaries, the SHRBMP results represents only active duty personnel. The SHRBMP focuses on specific behaviors that put the active duty member or his family at risk of illness or injury. Further, the HCSDB is annual, while the SHRBMP is fielded once every 18 months to three years.
- **MHS Performance Report Card.** Although several performance measures in the MHS Performance Report Card appear to be the same as certain HSCDB measures, comparing the findings of these two surveys is not meaningful for two reasons. First, the Report Card represents an individual MTF, while the HSCDB represents all beneficiaries in a geographic area such as a region or a catchment area. Second, the Report Card presents secondary data; that is, it reconfigures data from other sources of health care information. Specifically, performance measures that appear to be the same as ones in the HSCDB are, in fact, based on HSCDB data. Other performance measures are based on MTF Customer Satisfaction Survey data or on Standardized Inpatient Data Records.

## **The Findings in Context with a National Civilian Benchmark**

Exhibit 2.1 in the next chapter compares the percentage of DoD beneficiaries who are satisfied with their health care with a national benchmark of civilian satisfaction. The national civilian benchmark is based on the 1997 Household Survey conducted by the Center for Studying Health System Change in Washington, D.C. The Center is a not-for-profit research organization funded by the Robert Wood Johnson Foundation in Princeton, New Jersey. The Household Survey collected data on satisfaction with health care in 1997 from approximately 1,300 families in 60 sites nationally. Satisfaction measures included overall health care, choice of providers, technical quality of care received at last visit, and provider-patient communication.

## **Preventive Care Standards**

Chapter 7 examines the use of preventive care, such as routine physicals and mammography. Beneficiaries' actual use of preventive care is compared to civilian standards, which represent desired goals of preventive care use in the civilian sector. Beneficiaries' actual use of preventive care is also compared to civilian benchmarks, which represent actual preventive care use among civilians.

Most of the civilian standards are based on Healthy People 2000 preventive care goals. The American Cancer Society guideline is used for prostate screening because no standard is given in Healthy People 2000. Civilian benchmarks are based on data published by the National Center for Quality Assurance and the National Center for Health Statistics.

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## Chapter

# 2

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## Satisfaction with TRICARE and TRICARE Prime

This chapter is designed to answer the question, “How *satisfied* are (DoD) beneficiaries with their health care?” The HCSDB measures satisfaction by asking beneficiaries to rate their military care overall, their civilian care overall, and specific aspects of each type of care using a 5-point scale. For most of the questions, the scale ranges from *excellent* to *poor*. For a few questions, the beneficiary is asked whether or not he or she agrees with a statement about health care. The scale for those questions ranges from *strongly agree* to *strongly disagree*.

The key findings about satisfaction are presented below. A Performance Improvement Plan for Alaska based on these findings is included in Chapter 9.

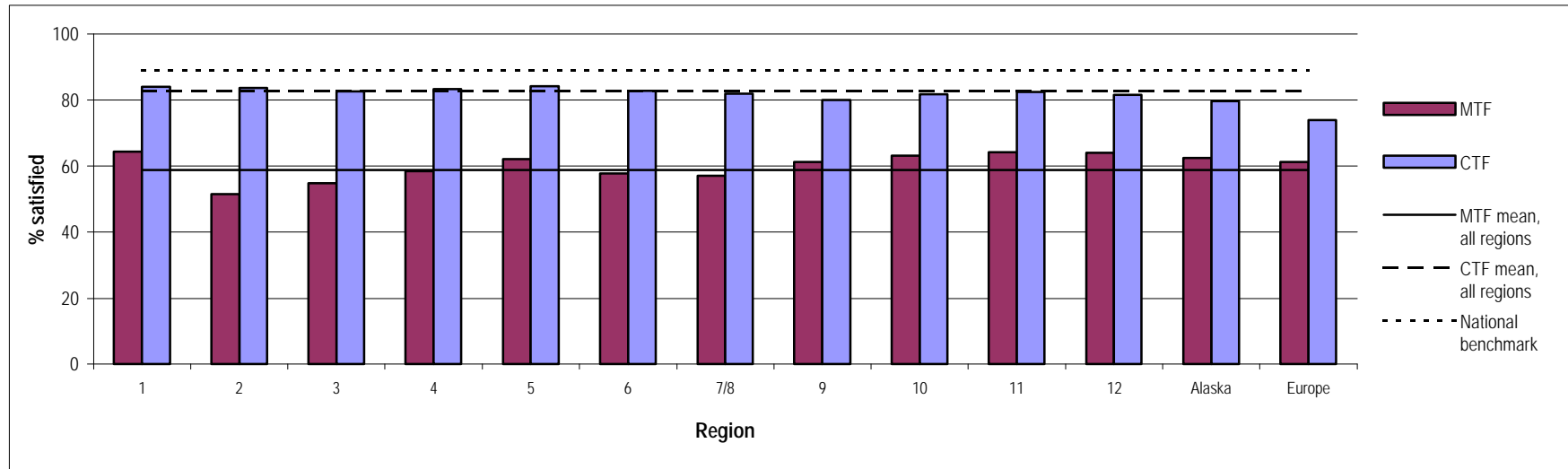
### All Beneficiaries Who Received Care in the Past 12 Months

- Of the beneficiaries in Alaska who received some care at a military or civilian treatment facility or both during the 12 months preceding the survey, which we will call patients throughout the report, most were satisfied with the care they received. Satisfaction with care at military treatment facilities (MTFs) in Alaska (63 percent) is slightly higher than the MHS average (59 percent).
- Satisfaction with care at civilian treatment facilities (CTFs) in Alaska (80 percent) is greater than satisfaction with MTF care (63 percent), as is the case in every region. A national civilian benchmark indicates that in 1997, 89 percent of households were satisfied with their health care.
- Satisfaction with civilian care in Alaska is greater than satisfaction with military care among every type of beneficiary except retirees, survivors, and their family members age 65 or over. Among this group, satisfaction with CTF care and satisfaction with MTF care are about equal.

### Enrolled Beneficiaries

- Of active duty and non-active duty beneficiaries enrolled in TRICARE Prime in Alaska, about 10 percent are unlikely to re-enroll in TRICARE Prime in the next 12 months. Among those who are not currently enrolled in TRICARE Prime, younger beneficiaries are more likely than older beneficiaries to enroll in the next 12 months. Sixteen percent of non-enrollees under age 65 plan to enroll, compared with only 3 percent of non-enrollees age 65 or over.
- Satisfaction among enrollees with a military PCM in Alaska (32 percent) is lower than the average for all regions (49 percent). In the MHS as a whole, enrollees with a military PCM are generally less satisfied than those with a civilian PCM.

## 2.1 Patients Satisfied with the Care They Received at a Military (MTF) or Civilian (CTF) Treatment Facility, by Region and Compared to a National Civilian Benchmark



### Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

**Sample size:** 67,912

### Vertical axis:

The percent of the sample who "strongly agree" or "agree" they are satisfied with the care they received

### Horizontal axis:

All regions

**Survey questions:** 51a and 66a

### What the exhibit shows:

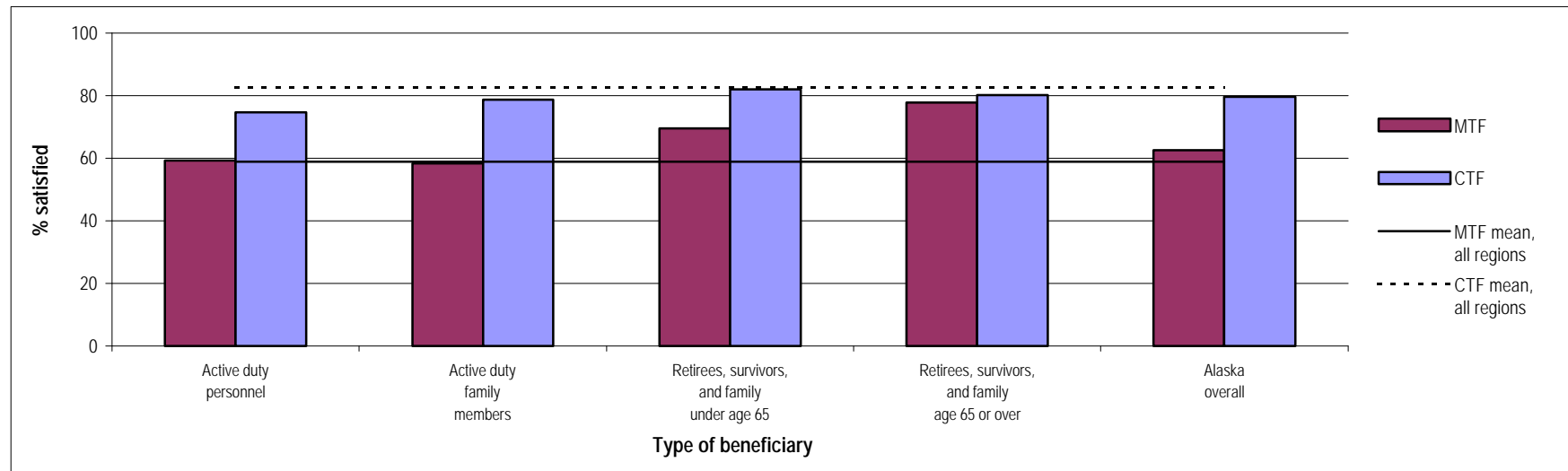
- How satisfaction with care in Alaska compares to that in other regions
- How satisfaction at MTFs compares to that at CTFs
- How MHS satisfaction rates compare to a national benchmark for civilians' satisfaction

### Findings:

Of the beneficiaries in Alaska who received some care at a MTF or CTF or both during the 12 months preceding the survey, which we will call patients throughout the report, most were satisfied with the care they received. Satisfaction with CTF care in Alaska (80 percent) is greater than satisfaction with MTF care (63 percent), as is the case in every region. Satisfaction with MTF care in Alaska is slightly higher than the MHS average (59 percent).

To compare the satisfaction of MHS patients to that of civilians generally, we used a civilian benchmark based on the 1997 Household Survey developed by the Center for Studying Health System Change. According to this survey, civilian households were somewhat more satisfied with their health care (89 percent) than were patients at CTFs in Alaska (80 percent), and far more satisfied than were patients at MTFs (63 percent).

## 2.2 Patients Satisfied with the Military or Civilian Care They Received in Alaska, by Type of Beneficiary, and in All Regions



### Population:

Patients who received some care at a MTF, CTF or both during the 12 months preceding their survey response

**Sample size:** 1,383

### Vertical axis:

The percent of the sample who "strongly agree" or "agree" they are satisfied with the care they received

### Horizontal axis:

Types of beneficiaries receiving care at a MTF or CTF

**Survey questions:** 51a and 66a

### What the exhibit shows:

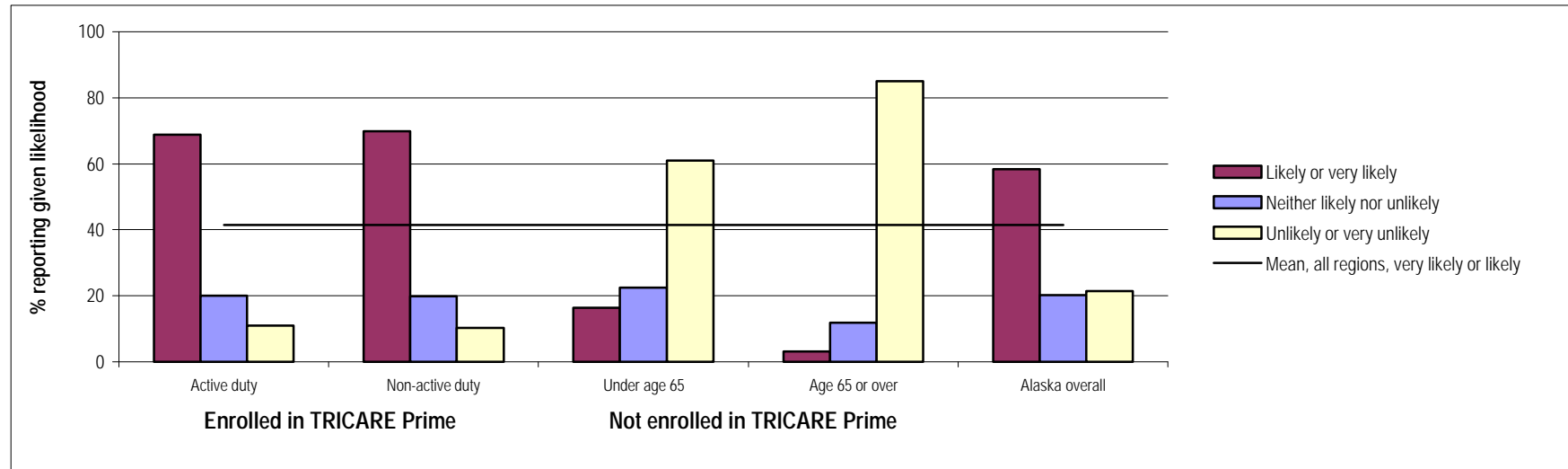
- Whether some patients in the Alaska are more satisfied with their care than others
- Whether their satisfaction varies by whether the care was from a MTF or from a CTF
- How findings for Alaska compare to findings for all regions

### Findings:

Satisfaction with civilian care in Alaska is greater than satisfaction with military care among every type of beneficiary except retirees, survivors, and their family members age 65 or over. Among this group, satisfaction with CTF care and satisfaction with MTF care are about equal.

Satisfaction with MTF care is lowest among active duty personnel and their family members (58 to 59 percent) and highest among retirees, survivors, and their family members (70 to 78 percent). Satisfaction with CTF care varies little by type of beneficiary (75 to 82 percent).

## 2.3 Intention to Enroll or Re-enroll in TRICARE Prime in Alaska, by Enrollment Status, and in All Regions



### Population:

Beneficiaries who reported knowing at least a little about TRICARE

**Sample size:** 1,011

### Vertical axis:

The percent of the sample reporting a given likelihood of enrolling or re-enrolling in the 12 months following their survey response

### Horizontal axis:

Enrollment status in TRICARE Prime  
Type of enrollee

**Survey question:** 83

### What the exhibit shows:

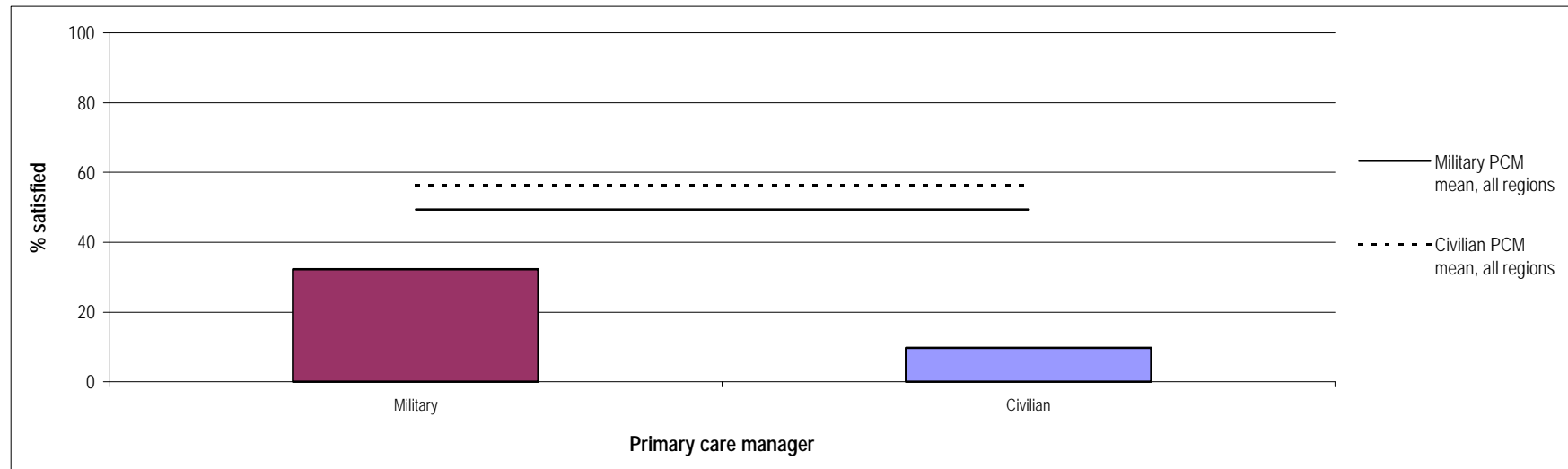
- What the likelihood of enrolling or re-enrolling in TRICARE Prime is in Alaska overall
- How that likelihood varies by enrollment status and type of enrollee
- How findings for Alaska compare to findings for all regions

### Findings:

Of the beneficiaries in Alaska who reported being enrolled in TRICARE Prime, most planned to re-enroll in the next 12 months, including 69 percent of active duty enrollees and 70 percent of non-active duty enrollees. Still, 11 percent of active duty enrollees, who are required to enroll in TRICARE Prime, did not plan to re-enroll.

Of the beneficiaries in Alaska who were not enrolled in TRICARE Prime, but reported knowing at least a little about TRICARE, younger beneficiaries were more likely than older beneficiaries to enroll in the next 12 months. Sixteen percent of non-enrollees under age 65 planned to enroll, compared with only 3 percent of non-enrollees age 65 or over.

## 2.4. TRICARE Prime Enrollees Satisfied with Their Care in Alaska and in All Regions, by Military and Civilian Primary Care Manager



### Population:

Beneficiaries enrolled in TRICARE Prime

**Sample size:** 636

### Vertical axis:

The percent of the sample reporting they either "strongly agree" or "agree" they are satisfied with the health care they receive under TRICARE Prime

### Horizontal axis:

Type of PCM

*Military:* PCM at a MTF

*Civilian:* PCM at a civilian hospital or clinic

**Survey questions:** 79 and 82a

### What the exhibit shows:

- Whether enrollees' satisfaction with TRICARE Prime in Alaska varies by type of PCM
- How findings for Alaska compare to findings for all regions

### Findings:

Satisfaction among enrollees with a military PCM in Alaska (32 percent) is lower than the average for all regions (49 percent). The sample of TRICARE Prime enrollees with a civilian PCM is too small to produce reliable estimates.

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Chapter

3

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## Access to Health Care

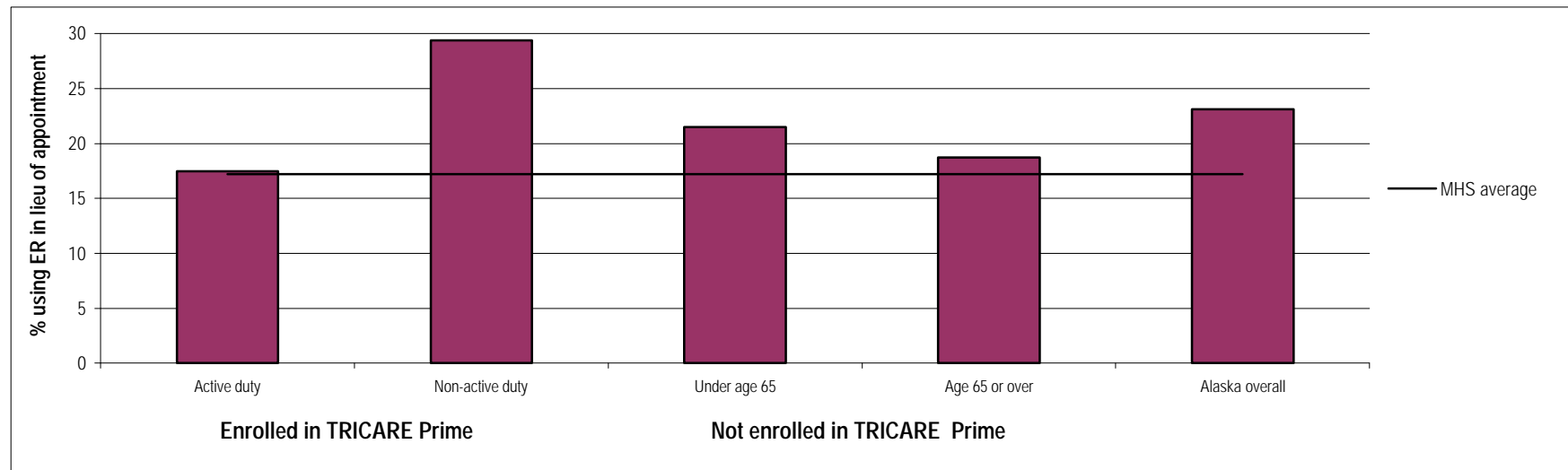
This chapter is designed to address the question, “How *accessible* is health care at military and civilian facilities to DoD beneficiaries?” Indicators of accessibility include:

- The number of beneficiaries who used an emergency room in lieu of their usual source of care because the facility they typically use was not available
- The number of days between calling to make an appointment and the appointment itself
- The length of office waits
- The reasons beneficiaries choose not to use military care are furnished to indicate areas for improvement.

### The key findings are:

- Of the beneficiaries in Alaska who used an ER in the past year, 23 percent used it because they could not get an appointment with their usual health care provider. Non-active duty personnel enrolled in TRICARE Prime were more likely than other types of beneficiaries to report using the ER because they could not get a regular appointment.
- In Alaska, very few patients (2 to 7 percent) waited longer than 30 days for a routine care appointment at a military facility. A 30-day wait is the TRICARE standard for such an appointment. CTF patients were more likely than MTF patients to get an appointment within a week.
- In Alaska, the incidence of long waits in a physician’s office is greater at MTFs than at CTFs. Between 18 and 19 percent of MTF patients reported waiting more than 30 minutes to see a provider, compared with between 5 and 11 percent of CTF patients. The TRICARE standard for office waiting periods is 30 minutes.
- The most frequently cited reasons for not receiving care at a military facility in Alaska are the difficulty of making appointments at a MTF (32 percent), the higher quality of care at civilian facilities (27 percent), and not needing any care in the past 12 months (20 percent). In addition, 19 percent of patients reported that they had never tried to use a MTF. Compared with the average MHS beneficiary, those in Alaska were less likely to cite their distance from a MTF as a barrier to MTF use.

### 3.1 Beneficiaries' Use of an Emergency Room in Lieu of a Regular Appointment in Alaska, by Enrollment Status, and in All Regions



#### Population:

All beneficiaries who report using an ER in the past 12 months

**Sample size:** 668

#### Vertical axis:

The percent of the sample who used an ER in the 12 months preceding their survey response because they could not obtain an appointment at the place "they usually go" when they are sick or need health advice

#### Horizontal axis:

Enrollment status TRICARE Prime  
Types of enrollees

**Survey question:** 33

#### What the exhibit shows:

- Whether beneficiaries in Alaska have used an ER because they could not obtain an appointment from their usual provider
- How such ER use varies by enrollment in TRICARE Prime and by type of enrollee
- How the findings for Alaska compare to the findings for all regions

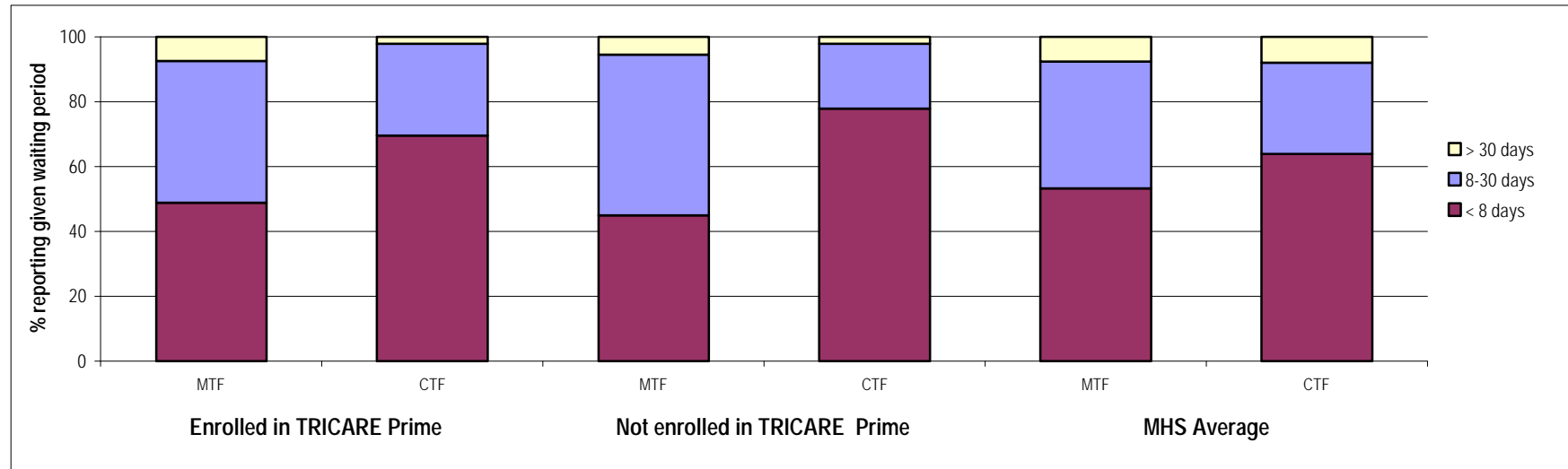
#### Findings:

Of the beneficiaries in Alaska who used an ER in the past year, 23 percent used it because they could not get an appointment with their usual health care provider. The rate of ER use in lieu of a regular appointment in Alaska is slightly higher than in the MHS as a whole (17 percent).

Non-active duty TRICARE Prime enrollees were more likely than other beneficiaries to report using the ER because they could not get a regular appointment. Twenty-nine percent of non-active duty enrollees resorted to ER use for that reason, compared with 18 to 22 percent of other types of beneficiaries.



### 3.2 Average Waiting Periods for Patients to Get an Appointment for Routine Care in Alaska, by Enrollment Status, and in All Regions



#### Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

**Sample size:** 1,383

#### Vertical axis:

Each segment in a bar represents the percent of the sample reporting a given waiting period for routine care

#### Horizontal axis:

Enrollment status in TRICARE Prime  
Care received at a MTF or CTF

**Survey questions:** 50a and 65a

#### What the exhibit shows:

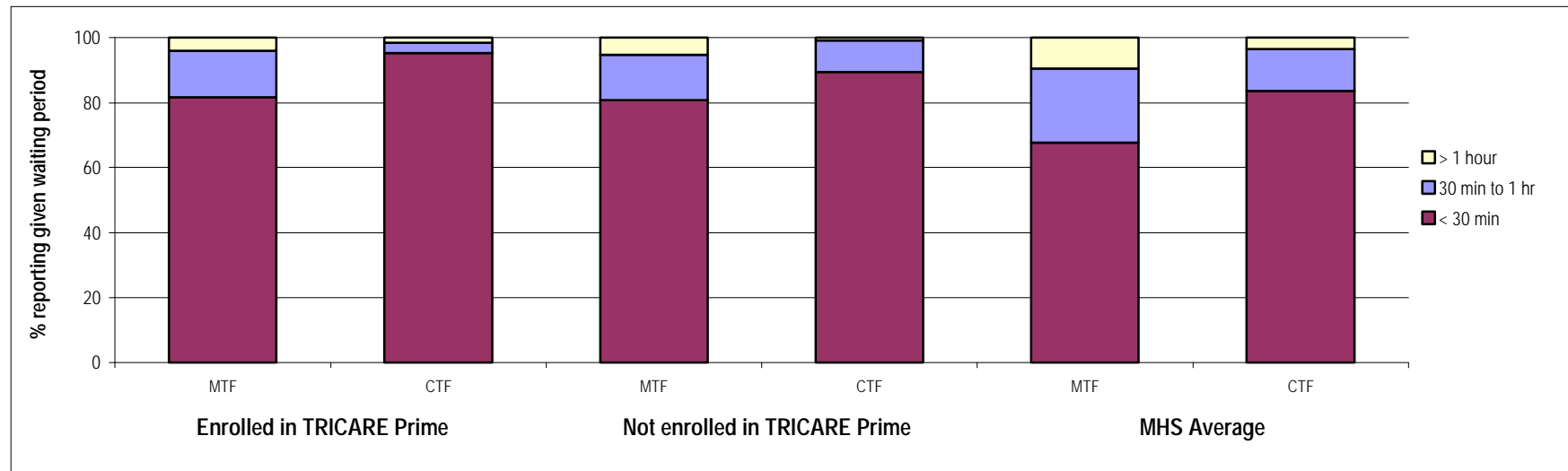
- How waiting periods to get an appointment for routine care at MTFs compare to those at CTFs
- How waiting periods vary by enrollment status in TRICARE Prime and by type of enrollee
- How findings for Alaska compare to findings for all regions

#### Findings:

Across all regions, very few MTF and CTF patients had to wait more than 30 days for a routine care appointment (8 percent of each group). While the two groups were equal in this regard, CTF patients were somewhat more likely than MTF patients to get an appointment within a week (64 and 53 percent, respectively). A 30-day wait is the TRICARE standard for a routine care appointment.

A similar pattern is observed among beneficiaries in Alaska. Very few patients (2 to 7 percent) waited more than 30 days for an appointment, but CTF patients were more likely than MTF patients to get an appointment within a week. TRICARE Prime enrollees and their non-enrolled counterparts in Alaska were equally likely to get an appointment within a week.

### 3.3 Waiting Time in Provider's Office in Alaska, by Enrollment Status, and in All Regions


**Population:**

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

**Sample size:** 1,383

**Vertical axis:**

Each segment in a bar represents the percent of the sample reporting a given waiting period in the provider's office

**Horizontal axis:**

Enrollment status in TRICARE Prime  
Care received at a MTF or CTF

**Survey questions:** 48 and 63

**What the exhibit shows:**

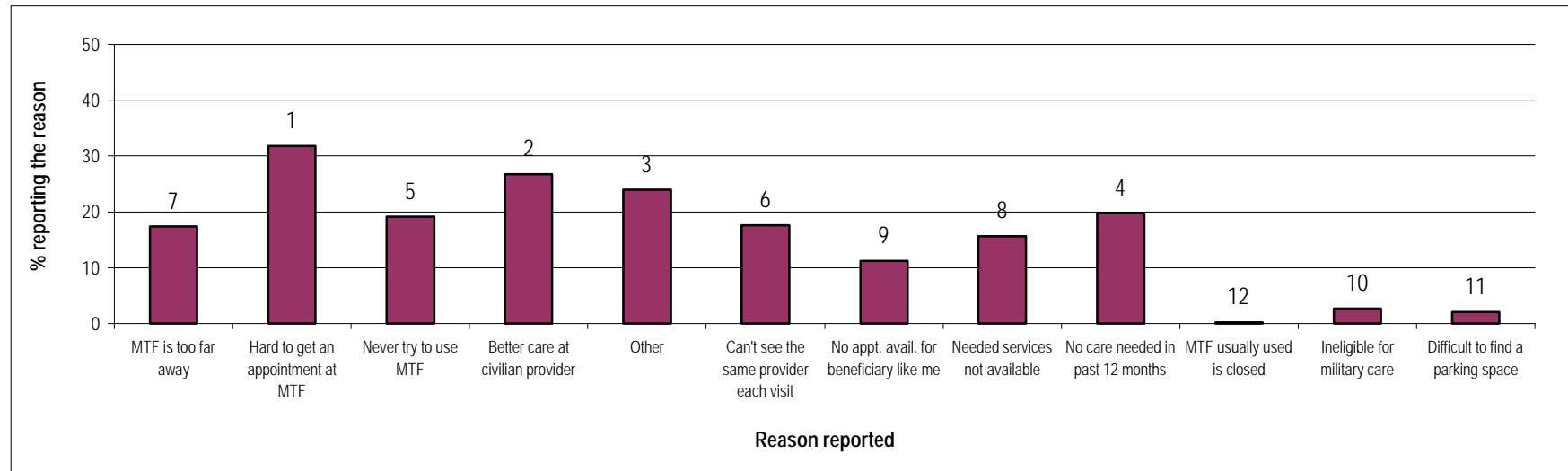
- How office waiting periods at MTFs compare to those at CTFs
- How waiting periods vary by enrollment status in TRICARE Prime and by type of enrollee
- How findings for Alaska compare to findings for all regions

**Findings:**

In Alaska, most MTF patients and CTF patients waited less than 30 minutes in a provider's office. The TRICARE standard for office waiting periods is 30 minutes.

MTF patients were more likely than CTF patients to experience long waits in a provider's office. Between 18 and 19 percent of MTF patients reported waiting more than 30 minutes to see a provider, compared with between 5 and 11 percent of CTF patients. Waiting periods in Alaska varied little by type TRICARE Prime enrollment status.

### 3.4 Reasons for Patients Not Relying on a Military Facility for Most of Their Care in Alaska



#### Population:

Beneficiaries who received some care from a MTF, but most of their care from a CTF during the 12 months preceding their survey response

**Sample size:** 620

#### Vertical axis:

The percent of the sample reporting a given reason for not relying on a MTF for care. The percentages do not sum to 100 because respondents were asked to mark all reasons that applied to them.

#### Horizontal axis:

Reasons reported by beneficiaries

**Survey question:** 56

#### What the exhibit shows:

- Why patients in Alaska who reported getting most of their care from a civilian facility chose to do so
- The number above each bar represents the ranking given to each reason in Alaska. The order of the bars from left to right represent the ranking given to each reason for all regions. A comparison of the two shows how ranking for Alaska compare to rankings for all regions.

#### Findings:

The most frequently cited specific reasons for not receiving care at a military facility in Alaska are the difficulty of making appointments at a MTF (32 percent), the higher quality of care at civilian facilities (27 percent), and not needing any care in the past 12 months (20 percent). In addition, 19 percent of patients reported that they had never tried to use a MTF. Compared with the average MHS beneficiary, those in Alaska were less likely to cite their distance from a MTF as a barrier to MTF use.

Twenty-four percent of patients in Alaska cited "other" reasons for choosing a CTF over a MTF, including the inability to see the same provider on each visit, lack of available services, and other reasons.

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## Chapter

4

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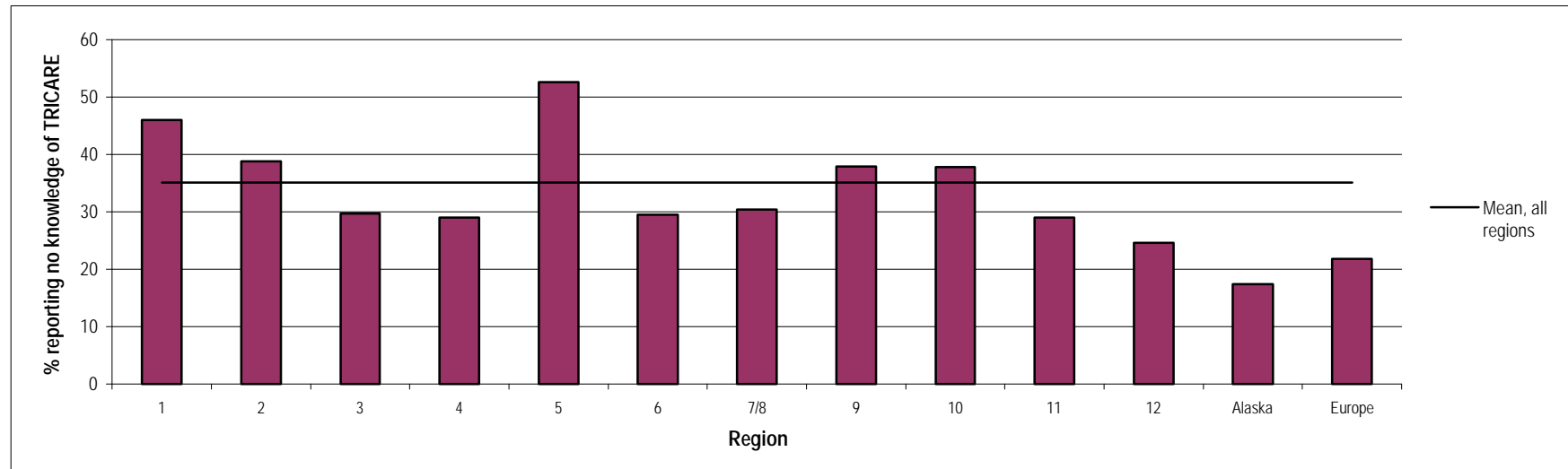
## Knowledge of TRICARE and TRICARE Prime

This chapter is designed to address the question, “How *knowledgeable* are beneficiaries about TRICARE, and what *sources of information* about TRICARE do beneficiaries use?” The HCSDB assesses beneficiary knowledge of TRICARE in three ways. First, it asks beneficiaries to assess the level of their knowledge about TRICARE using a 4-point scale ranging from *a great deal* to *nothing*. Second, it asks beneficiaries to rate the clarity of their information about TRICARE using a 5-point scale ranging from *very clear* to *very unclear*. Third, it asks beneficiaries to indicate the sources of their information about TRICARE.

### The key findings are:

- Only 17 percent of beneficiaries in Alaska reported having no knowledge of TRICARE. This is much lower than the percentage reporting no knowledge of TRICARE in other pre-TRICARE regions.
- Of the beneficiaries in Alaska who reported knowing at least a little about TRICARE, 26 percent have unclear information about enrolling in TRICARE Prime. Among active duty beneficiaries, 21 percent reported having unclear information about enrolling.
- Of the beneficiaries in Alaska who reported knowing at least a little about TRICARE, the most frequently cited sources of information about TRICARE were a TRICARE presentation (55 percent), information packages mailed to beneficiaries (54 percent), a military base newspaper (33 percent), and friends and neighbors. These are the same four information sources most frequently cited in other regions.

## 4.1 Beneficiaries' Levels of Knowledge of TRICARE, by Region



### Population:

All beneficiaries

**Sample size:** 73,898

### Vertical axis:

The percent of the sample reporting no knowledge of TRICARE

### Horizontal axis:

All regions

**Survey question:** 71

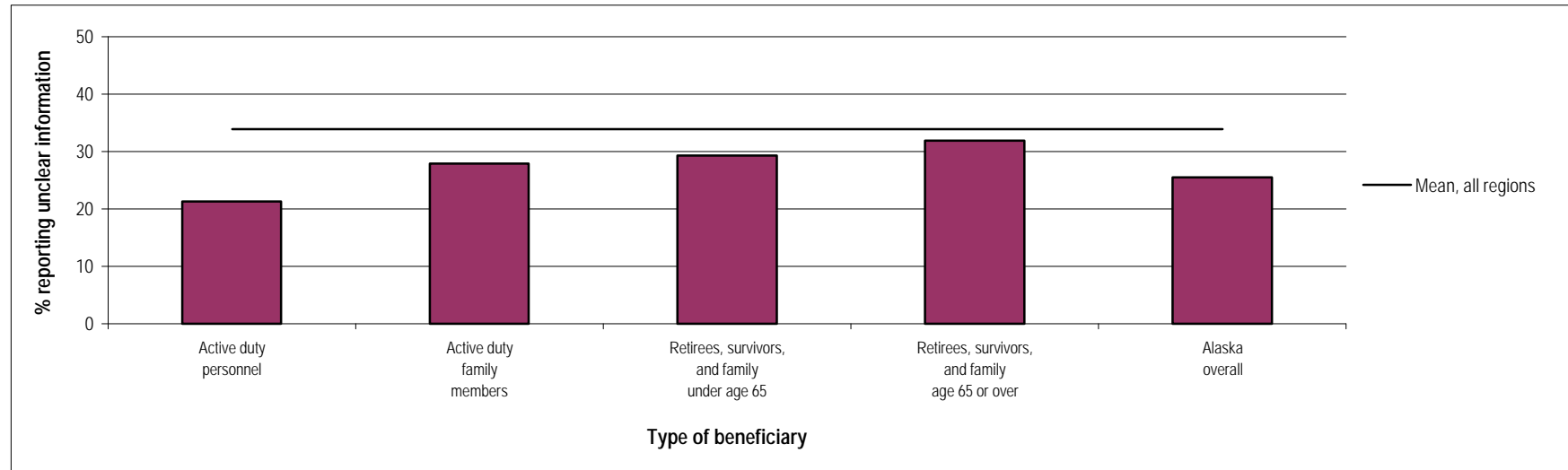
### What the exhibit shows:

- How much beneficiaries know about TRICARE in all regions
- How beneficiaries' levels of knowledge vary across regions

### Findings:

Only 17 percent of beneficiaries in Alaska reported having no knowledge of TRICARE. This is much lower than the percentage reporting no knowledge of TRICARE in other pre-TRICARE regions. Pre-TRICARE regions (1, 2, 5, Alaska, and Europe) are those that began to implement TRICARE after November 1997.

## 4.2 Beneficiaries Having Unclear Information about Enrolling in TRICARE Prime in Alaska and in All Regions



### Population:

Beneficiaries who reported knowing at least a little about TRICARE

**Sample size:** 1,011

### Vertical axis:

The percent of the sample reporting they "strongly disagree" or "disagree" that they have clear information on enrollment procedures for TRICARE

### Horizontal axis:

Types of beneficiaries

**Survey question:** 73a

### What the exhibit shows:

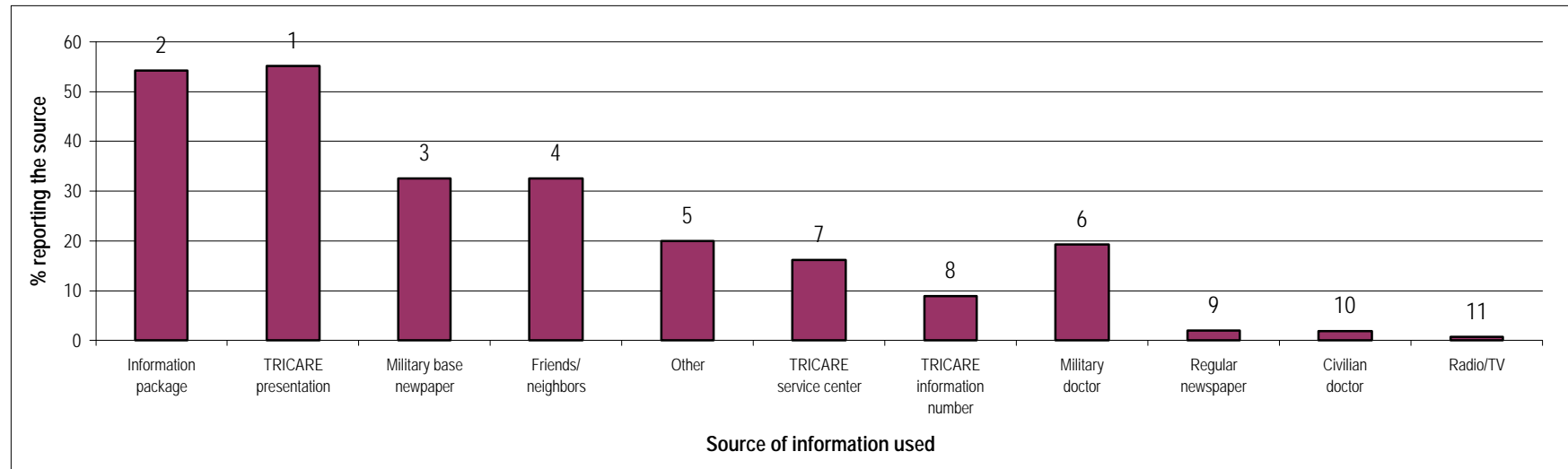
- In Alaska the percentage of beneficiaries reporting they have unclear information about enrolling in TRICARE Prime
- How the findings vary by type of beneficiary
- How the findings for Alaska compare to findings for all regions

### Findings:

Among beneficiaries in Alaska who reported knowing at least a little about TRICARE, 26 percent reported having unclear information about enrolling in TRICARE Prime. In the MHS as a whole, 34 percent of beneficiaries with at least a little knowledge of TRICARE have unclear information about enrolling in TRICARE Prime.

Twenty-one percent of active duty personnel, who are required to enroll in TRICARE Prime, have unclear information about enrolling. Retirees, survivors, and their family members age 65 or over are the most likely to report having unclear information about enrolling in TRICARE Prime (32 percent).

### 4.3 Sources of Information about TRICARE in Alaska and in All Regions


**Population:**

Beneficiaries who reported knowing at least a little about TRICARE

**Sample size:** 1,011

**Vertical axis:**

The percent of the sample reporting that they received information about TRICARE from a given source. Percentages do not sum to 100 because respondents were asked to mark all the sources they had used to learn about TRICARE

**Horizontal axis:**

Sources of information

**Survey question:** 72

**What the exhibit shows:**

- The sources of information about TRICARE that beneficiaries in Alaska use
- The number above each bar indicates the ranking for that source of information in Alaska. The order of the bars from left to right indicates the ranking of sources across all regions. A comparison of the two shows how rankings for Alaska compare to rankings for all regions.

**Findings:**

Among those in Alaska who reported knowing at least a little about TRICARE, the most frequently cited sources of information about TRICARE were a TRICARE presentation (55 percent), information packages mailed to beneficiaries (54 percent), a military base newspaper (33 percent), and friends and neighbors (33 percent). These are the same four information sources most frequently cited in other regions.



Chapter

5

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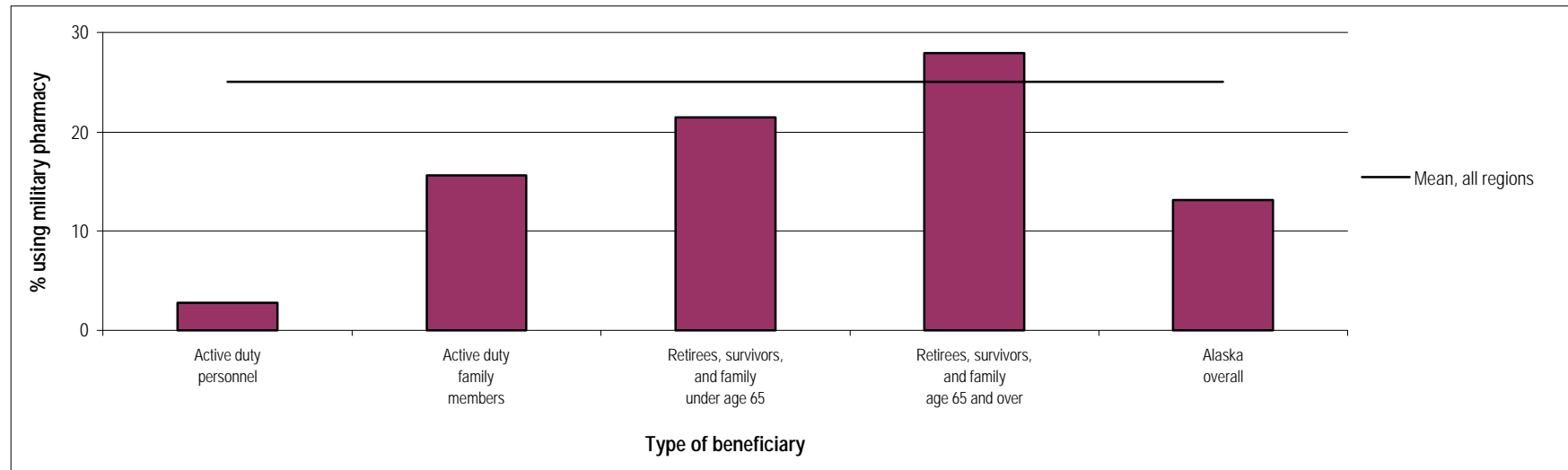
## Source of Health Care

This chapter is designed to address the question, “What health care *services* do beneficiaries use, and what are the *sources* of those services?” The HCSDB asks about pharmacy use as well as sources of health care.

### The key findings are:

- Thirteen percent of beneficiaries in Alaska and 25 percent of beneficiaries in all regions used a military pharmacy to fill prescriptions written by a civilian provider in the 12 months prior to the survey. In Alaska, retirees, survivors, and family members age 65 or over (28 percent) were the most likely to do this, while active duty personnel were the least likely (3 percent).
- Ninety-three percent of active duty personnel use a MTF for their regular source of care, as do 89 percent of active duty family members, 57 percent of retirees and their family members under age 65, and 56 percent of retirees and their family members age 65 or over. Only 3 percent of beneficiaries in Alaska rely on something other than a MTF or CTF as their usual source of care.

## 5.1 Use of Military Pharmacies to Fill Prescriptions Written by a Civilian Provider



### Population:

All beneficiaries

**Sample size:** 1,499

### Vertical axis:

The percent of the sample using a military pharmacy to fill any prescriptions written by a civilian provider during the 12 months preceding their survey response

### Horizontal axis:

Types of beneficiaries

**Survey question:** 53

### What the exhibit shows:

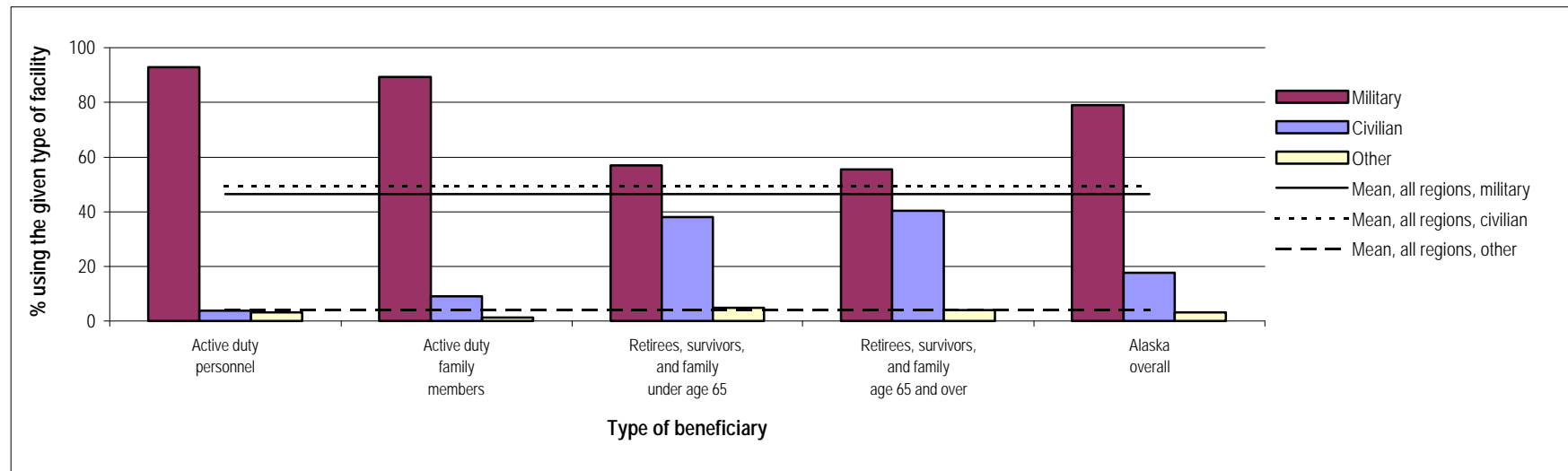
- How the use of military pharmacies to fill prescriptions written by a civilian provider varies by the type of beneficiary in Alaska
- How findings for Alaska compare to findings for all regions

### Findings:

Only 13 percent of beneficiaries in Alaska used a military pharmacy to fill prescriptions written by a civilian provider in the 12 months prior to the survey, compared with 25 percent of beneficiaries in all regions.

In Alaska, retirees, survivors, and their family members age 65 or over were the most likely to have used a military pharmacy to fill a prescription written by a civilian provider (28 percent), while active duty personnel were the least likely (3 percent).

## 5.2 Usual Source of Care for Beneficiaries Who Are Sick or Need Advice



### Population:

Beneficiaries who reported having a usual source of care

**Sample size:** 1,372

### Vertical axis:

The percent of the sample using a military, civilian, or other facility as a regular source of care

### Horizontal axis:

Types of beneficiaries

**Survey question:** 31

### What the exhibit shows:

- The percentage of beneficiaries who usually seek care from a military or civilian facility
- How the usual source of care varies by the type of beneficiary
- How findings for Alaska compare to findings for all regions

### Findings:

Of the beneficiaries in Alaska who reported having a usual source of care, 18 percent rely on a civilian facility and 79 percent rely on a military facility. Only 3 percent reported having a usual source of care other than a civilian or military facility. Across all regions, 49 percent of beneficiaries rely on a civilian facility and 47 percent rely on a military facility.

Active duty personnel and their family members in Alaska were more likely than the average beneficiary to use a military provider as their usual source of care (93 and 89 percent, respectively). Retirees, survivors, and their family members in Alaska were more likely to rely on a civilian provider (38 percent of those under 65 and 40 percent of those age 65 or over).

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Chapter

6

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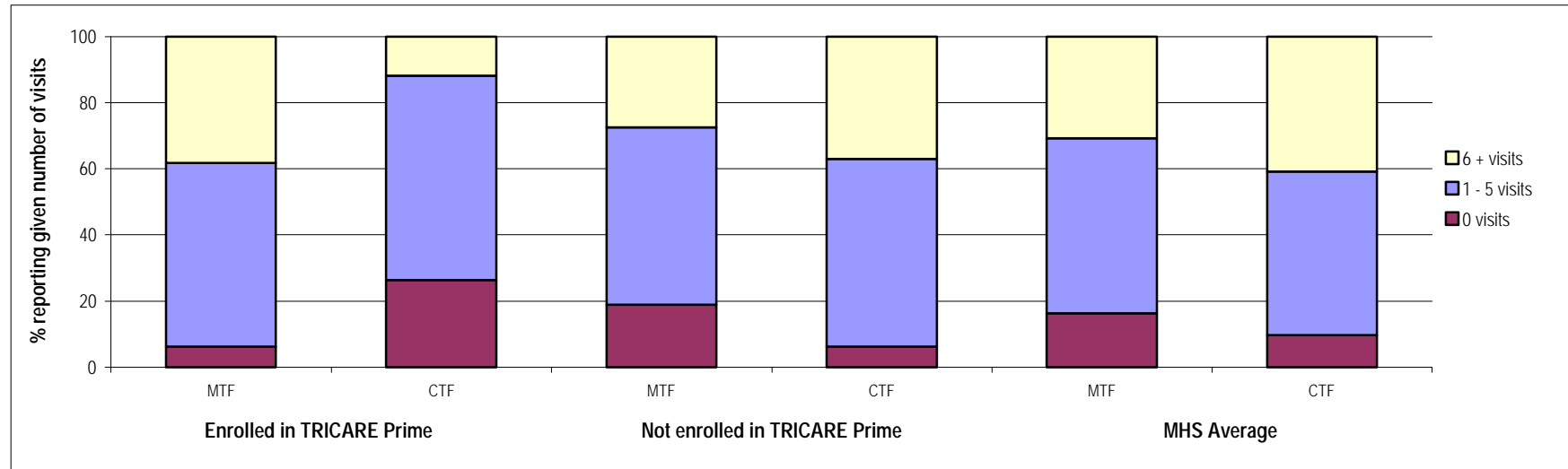
## Use of Health Care

This chapter is designed to address the question, “How much health care do MHS beneficiaries use?” Although the HCSDB asked a number of questions about use of care, we report on the amount of care used in terms of a single indicator – the number of outpatient visits in the 12 months prior to the survey.

### The key findings are:

- In the 12 months leading up to the survey, MHS beneficiaries who used civilian facilities tended to have more outpatient visits than those who used military facilities. Across all regions, 41 percent of CTF patients had six or more outpatient visits, compared with 31 percent of MTF patients. Similarly, among beneficiaries in Alaska who were not enrolled in TRICARE Prime, CTF patients had more outpatient visits than MTF patients. Among TRICARE Prime enrollees, however, MTF patients had more outpatient visits than did CTF patients.

## 6.1 The Number of Outpatient Visits in the Past Year by Patients in Alaska, by Enrollment Status and Military or Civilian Treatment Facility, and in All Regions



### Population:

Patients who received some care at a MTF or CTF during the 12 months preceding their survey response

**Sample size:** 1,383

### Vertical axis:

The percent of the sample who made a given number of outpatient visits

### Horizontal axis:

Enrollment status in TRICARE Prime  
Patients at a MTF or CTF

**Survey questions:** 46 and 61

### What the exhibit shows:

- The number of outpatient visits in Alaska in the past year
- How the visit rates vary by enrollment status and whether the care was from a MTF or CTF
- How findings for Alaska compare to findings for all regions

### Findings:

In the 12 months leading up to the survey, MHS beneficiaries who used civilian facilities had more outpatient visits than those who used military facilities. Forty-one percent of CTF patients had six or more outpatient visits, compared with 31 percent of MTF patients.

This pattern is also observed among Alaska beneficiaries who are not enrolled in TRICARE Prime. Thirty-seven percent of the CTF patients in this group had six or more outpatient visits, compared with only 28 percent of the MTF patients. In contrast, among TRICARE Prime enrollees, MTF patients had more outpatient visits than did CTF patients.

## Chapter

# 7

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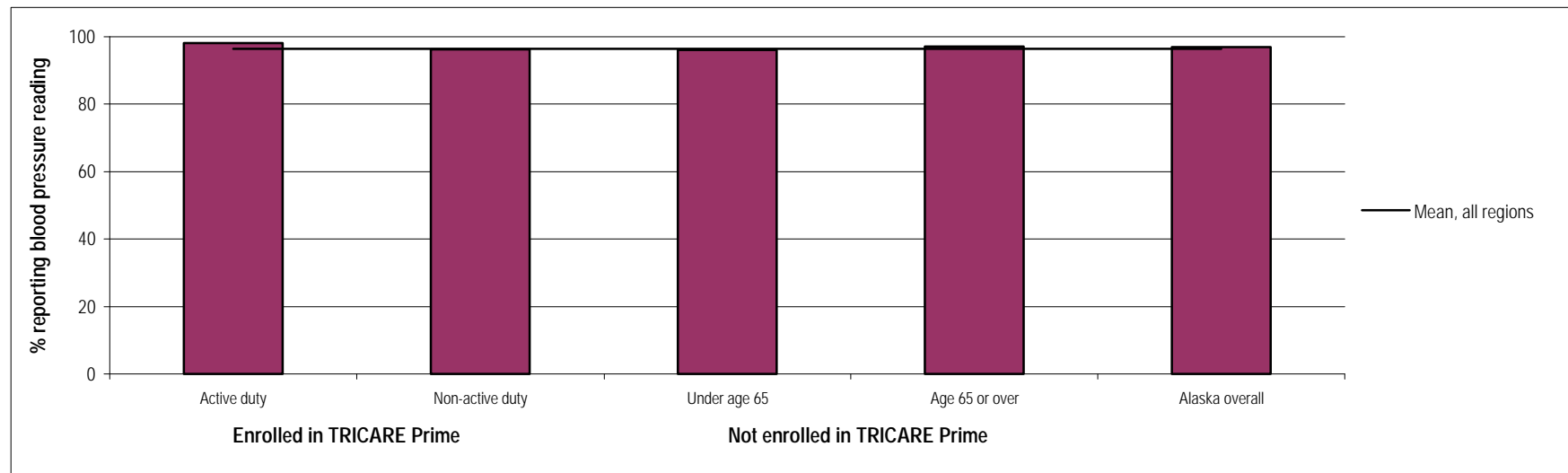
## Use of Preventive Services

This chapter is designed to address the question, “How much, and what types of, *preventive health care* do beneficiaries use?” The HCSDB asked all beneficiaries whether they used each of the items in an extensive list of preventive health care services and how long ago the most recent use of care was.

### The key findings are:

- Nearly all MHS beneficiaries (96 percent) had a blood pressure screening in the past two years, as did 97 percent of beneficiaries in Alaska. Both results exceed the civilian Healthy People 2000 goal of 90 percent.
- Seventy-six percent of beneficiaries in Alaska had a cholesterol screening in the past five years. This meets the Healthy People 2000 goal for adults (75 percent) but is slightly less than the average for all regions (81 percent).
- Eighty-four percent of female beneficiaries age 50 or over in Alaska had a breast cancer screening in the past two years. This result is identical to the MHS average of 84 percent. Both results exceed the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent.
- Ninety-two percent of female beneficiaries and 98 percent of female active duty personnel in Alaska have had a Pap smear in the past three years. Both results meet the Healthy People 2000 goal of 85 percent and surpass the 60 to 70 percent result observed in the civilian sector.
- Of the beneficiaries in Alaska who were pregnant at some point during the year preceding the survey, 87 percent received prenatal care in the first trimester. In the civilian sector, between 76 and 84 percent of pregnant women receive prenatal care in the first trimester. The Healthy People 2000 goal is 90 percent.
- Over three-fourths of male beneficiaries age 50 or over in Alaska (80 percent) and in the MHS overall (78 percent) had a prostate screening in the past two years. The American Cancer Society recommends an annual prostate exam for men age 50 or over.

## 7.1 Blood Pressure Readings in Alaska and in All Regions



### Population:

All beneficiaries

**Sample size:** 1,499

### Vertical axis:

The percent of the sample reporting having had a blood pressure reading during the two years preceding their survey response

### Horizontal axis:

Enrollment status in TRICARE Prime

**Survey question:** 12

### What the exhibit shows:

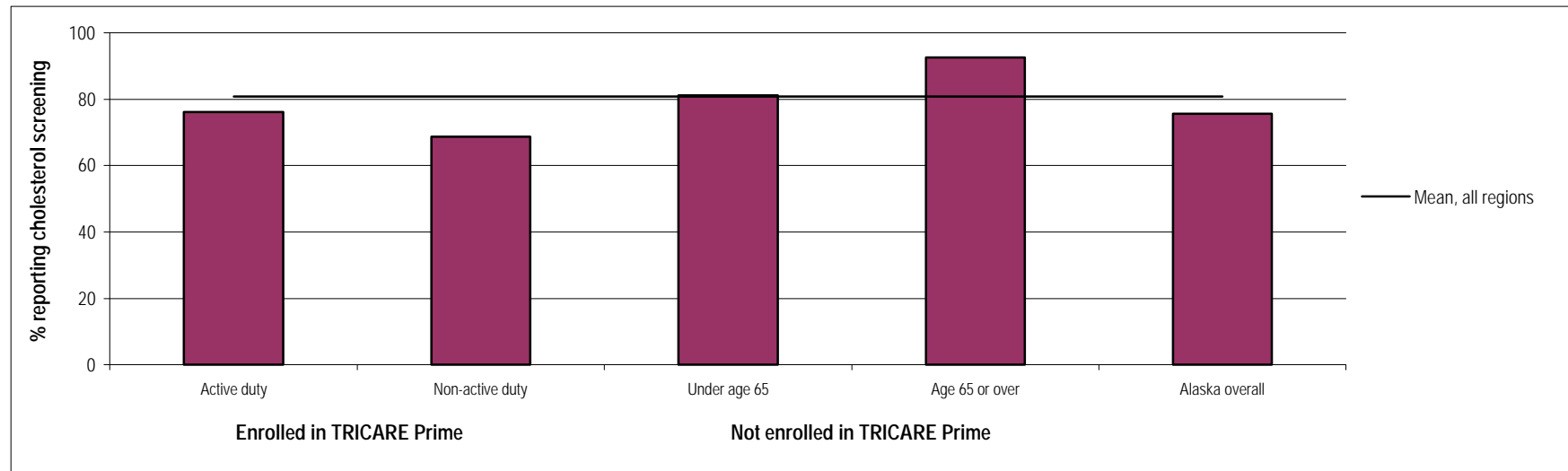
- Percentage of beneficiaries in Alaska who had a blood pressure reading in the past two years
- How the findings vary by enrollment status in TRICARE Prime
- How findings for Alaska compare to findings for all regions

### Findings:

Nearly all MHS beneficiaries (96 percent) had a blood pressure screening in the past two years, as did 97 percent of beneficiaries in Alaska. Both results exceed the civilian Healthy People 2000 goal of 90 percent.



## 7.2 Cholesterol Screening in Alaska and in All Regions


**Population:**

All beneficiaries

**Sample size:** 1,499

**Vertical axis:**

The percent of the sample reporting having had a cholesterol screening during the five years preceding their survey response

**Horizontal axis:**

Enrollment status in TRICARE Prime

**Survey question:** 13

**What the exhibit shows:**

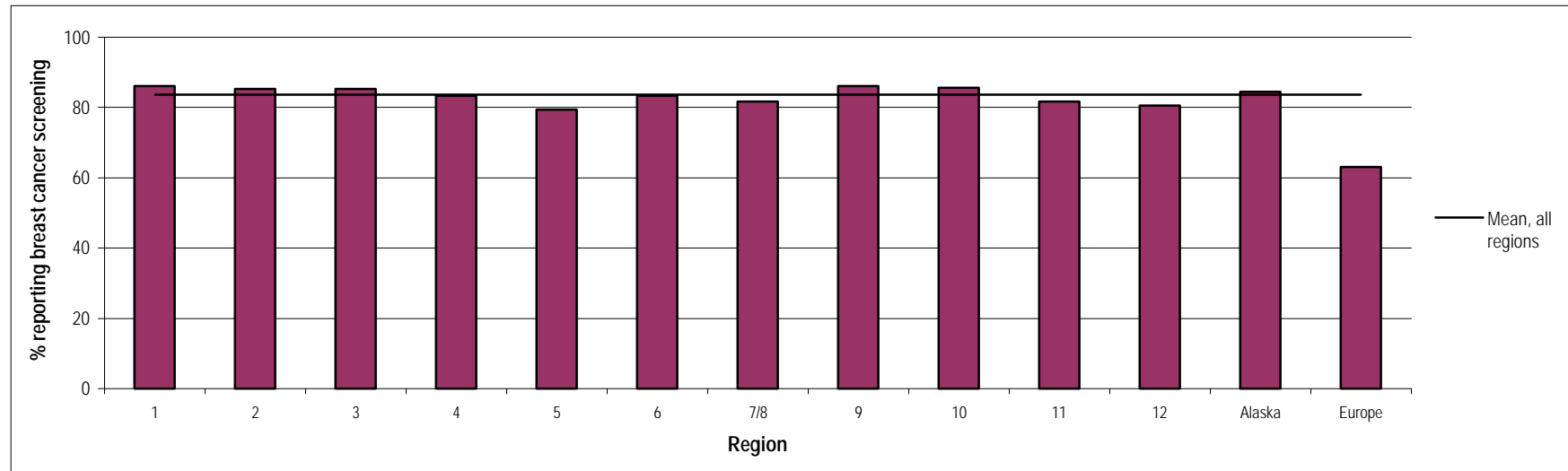
- Percentage of beneficiaries in Alaska who had a cholesterol screening in the past five years
- How the findings vary by enrollment status in TRICARE Prime
- How findings for Alaska compare to findings for all regions

**Findings:**

Seventy-six percent of beneficiaries in Alaska had a cholesterol screening in the past five years. This meets the Healthy People 2000 goal for adults (75 percent) but is slightly less than the average for all regions (81 percent).

Beneficiaries enrolled in TRICARE Prime were less likely than non-enrollees to have had a cholesterol screening in the past five years. Between 69 and 76 percent of enrollees have had such a screening, compared with between 81 and 93 percent of non-enrollees.

## 7.3 Breast Cancer Screening



### Population:

Female beneficiaries age 50 and over

### Sample size: 19,347

### Vertical axis:

The percent of the sample reporting having been "checked by mammography or other X-ray-like procedure" during the two years preceding their survey response

### Horizontal axis:

All regions

### Survey question: 26

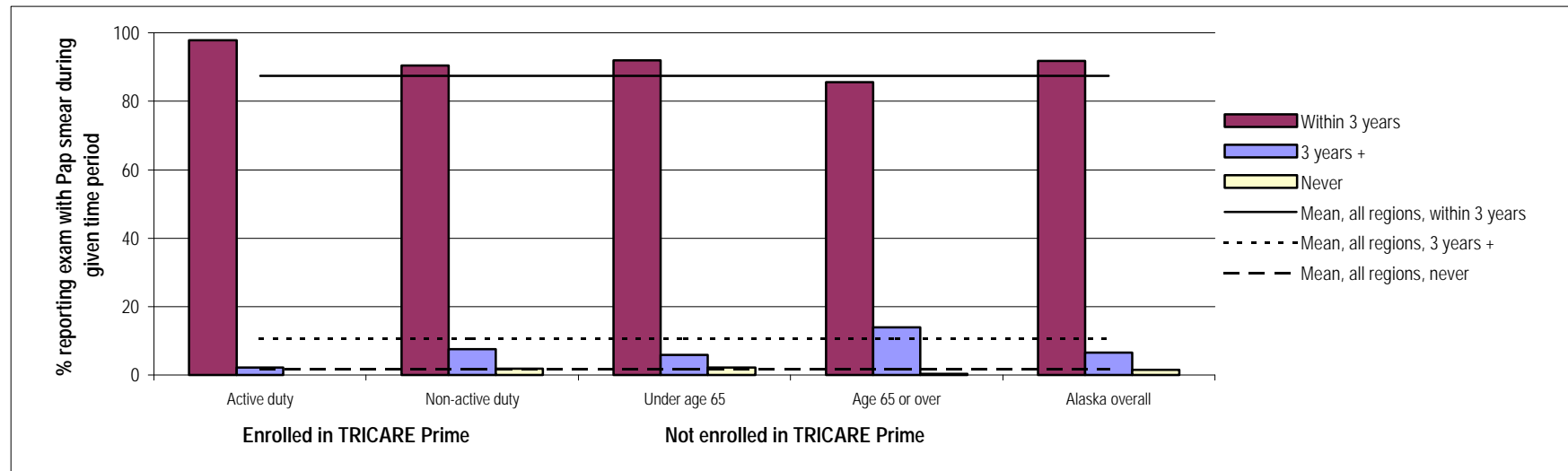
### What the exhibit shows:

- The percentage of female beneficiaries in all regions over age 50 who have had a mammogram or other X-ray-like procedure for breast cancer screening in the past two years
- How the findings vary by region

### Findings:

Eighty-four percent of female beneficiaries age 50 or over in Alaska had a breast cancer screening in the past two years. This result is identical to the MHS average of 84 percent. Both results exceed the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent.

## 7.4 Pap Smear in Alaska and in All Regions



### Population:

All female beneficiaries

**Sample size:** 762

### Vertical axis:

The percent of the sample reporting having had "a routine female examination with a Pap smear" in a given time period

### Horizontal axis:

Enrollment status in TRICARE Prime

**Survey question:** 24

### What the exhibit shows:

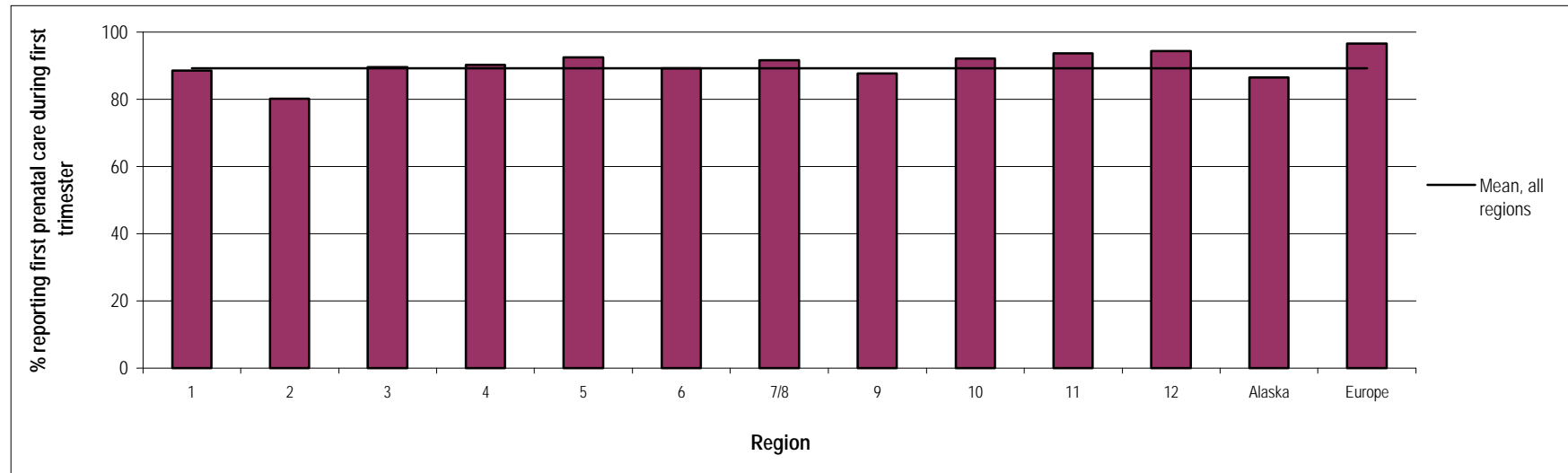
- How recently female beneficiaries in Alaska have had a Pap smear
- How the findings vary by enrollment status in TRICARE Prime
- How findings for Alaska compare to findings for all regions

### Findings:

Ninety-two percent of all female beneficiaries in Alaska had a Pap smear in the past three years. This compares favorably with the 60 to 70 percent result observed in the civilian sector and meets the Healthy People 2000 goal of 85 percent. Results in Alaska are similar to those for the MHS overall (88 percent).

Active duty women enrolled in TRICARE Prime in Alaska were more likely than other types of beneficiaries to have had a Pap smear in the past three years.

## 7.5 Timing of First Prenatal Care


**Population:**

Female beneficiaries who were pregnant when they responded to the survey or during the 12 preceding months

**Sample size:** 2,386

**Vertical axis:**

The percent of the sample reporting receiving obstetric care from a doctor or other health professional during the first trimester

**Horizontal axis:**

All regions

**Survey question:** 29

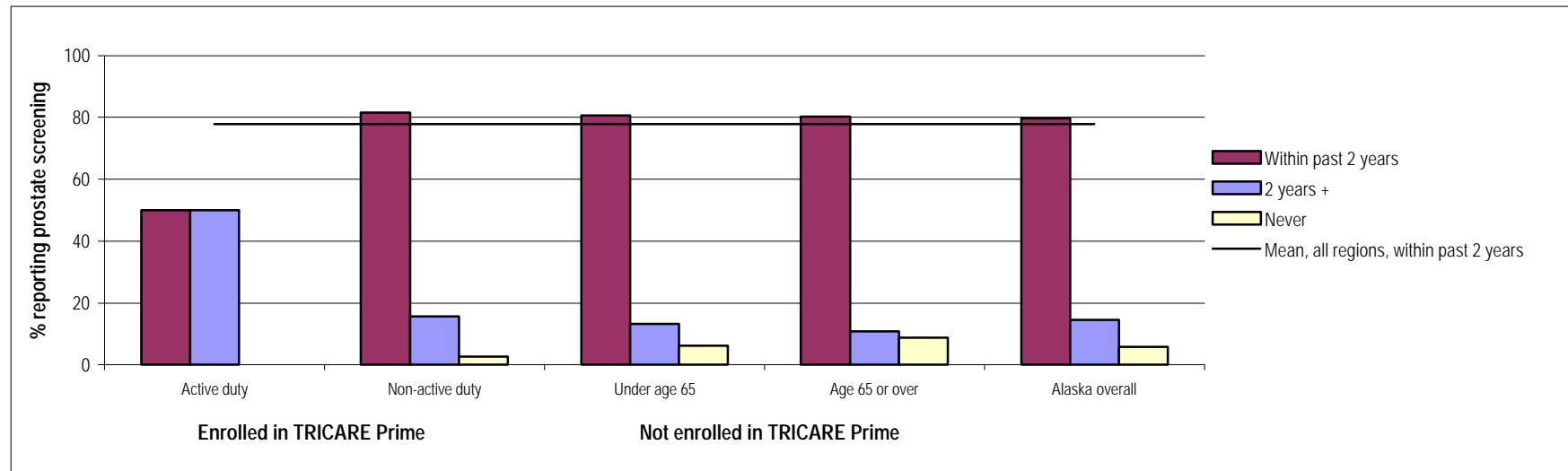
**What the exhibit shows:**

- The percentage of pregnant beneficiaries in each region who reported having received prenatal care at some point in the first trimester
- How the findings vary by region

**Findings:**

Eighty-seven percent of the female beneficiaries in Alaska who were pregnant at some point during the year preceding the survey received prenatal care during the first trimester. This result nearly meets the Healthy People 2000 goal of 90 percent and is about the same as the MHS average (89 percent). In the civilian sector, between 76 and 84 percent of pregnant women receive prenatal care in the first trimester.

## 7.6 Prostate Screening in Alaska and in All Regions



### Population:

Male beneficiaries age 50 or over

**Sample size:** 367

### Vertical axis:

The percent of the sample reporting having received "a prostate gland examination or blood test for prostate disease" in a given time period

### Horizontal axis:

Enrollment status in TRICARE Prime

**Survey question:** 23

### What the exhibit shows:

- How recently male beneficiaries age 50 or over in Alaska received a prostate screening
- How the findings vary by enrollment status in TRICARE Prime
- How findings for Alaska compare to findings for all regions

### Findings:

Over three-fourths of male beneficiaries age 50 or over in Alaska (80 percent) and in the MHS overall (78 percent) had a prostate screening in the past two years. The American Cancer Society recommends an annual prostate exam for men age 50 or over.

In Alaska, the sample of active duty males who are age 50 or over and enrolled in TRICARE Prime is too small to produce reliable estimates.

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Chapter

8

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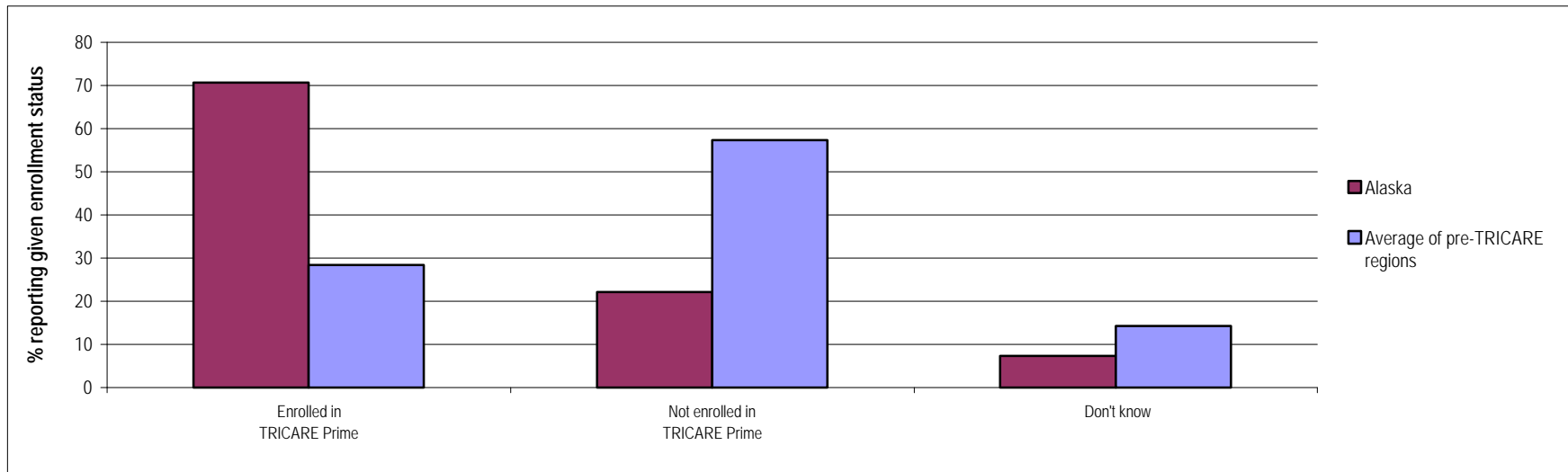
## Enrollment and Beneficiary Health Status

This chapter presents findings on two key beneficiary characteristics – enrollment in TRICARE Prime and health status. Health status is based on a battery of 12 questions called the SF-12, which was developed by the Medical Center of New England under a grant from the Henry J. Kaiser Foundation. From the 12 questions, we computed two overall scores for each beneficiary – the composite physical health score and the composite mental health score. Only the former is reported here, and we compared the scores of MHS beneficiaries to the median score for the U.S. population for six age groups (18-34, 35-44, 45-54, 55-64, 65-74, 75+). Here, we report on the percent of beneficiaries whose composite physical health score is lower than the national median score for their age.

### The key findings are:

- Of the beneficiaries in Alaska who reported knowing at least a little about TRICARE, 71 percent are enrolled in TRICARE Prime. This is much higher than enrollment in the average pre-TRICARE region (28 percent).
- In Alaska, 54 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. This means that, in terms of health status, beneficiaries in Alaska are slightly less healthy than their counterparts in the civilian population. Non-active duty personnel enrolled in TRICARE Prime are considerably less healthy than civilians of the same age, with 62 percent falling below the median score for the U.S. population.

## 8.1 Enrollment in TRICARE Prime in Alaska and in pre-TRICARE Regions



### Population:

Beneficiaries who reported knowing at least a little about TRICARE

**Sample size:** 13,649

### Vertical axis:

The percent of the sample reporting a given enrollment status as of the time of their survey response

### Horizontal axis:

Enrollment status in TRICARE Prime

**Survey question:** 76

### What the exhibit shows:

- The proportion of beneficiaries in Alaska who are enrolled in, not enrolled in, and don't know whether they are enrolled in TRICARE Prime
- How findings for Alaska compare to findings for other pre-TRICARE regions

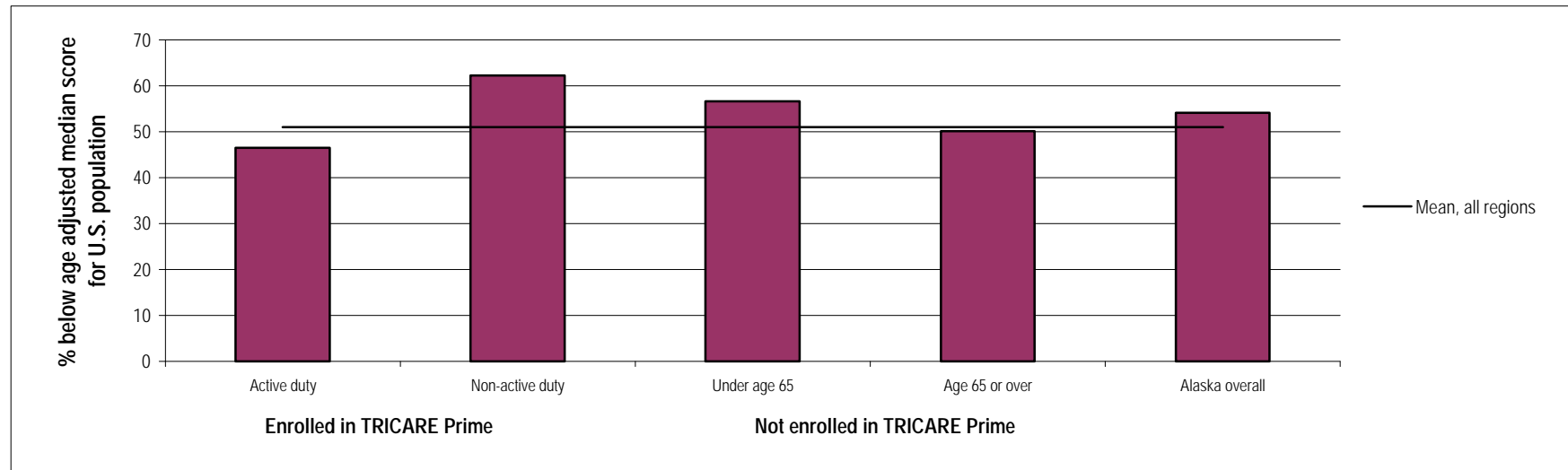
### Findings:

Of the beneficiaries in Alaska who reported knowing at least a little about TRICARE, 71 percent are enrolled in TRICARE Prime. This is much higher than enrollment in the average pre-TRICARE region (28 percent).

In Alaska, 7 percent of beneficiaries who reported knowing at least a little about TRICARE do not know whether they are enrolled in TRICARE Prime. Among all pre-TRICARE regions, 14 percent of beneficiaries who reported knowing at least a little about TRICARE do not know whether they are enrolled in TRICARE Prime.



## 8.2 Composite Scores of Physical Health in Alaska and in All Regions



### Population:

All beneficiaries

**Sample size:** 1,499

### Vertical axis:

The percent of the sample with a composite physical health score below the age-adjusted median score for the U.S. population

### Horizontal axis:

Enrollment status in TRICARE Prime

**Survey questions:** 1-7

### What the exhibit shows:

- The proportion of beneficiaries in Alaska who are in poor health (self-reported)
- How the findings vary by enrollment status
- How the findings for Alaska compare to findings for all regions

### Findings:

In Alaska, 54 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. This means that, in terms of health status, beneficiaries in Alaska are slightly less healthy than their counterparts in the civilian population. Non-active duty personnel enrolled in TRICARE Prime are considerably less healthy than civilians of the same age, with 62 percent falling below the median score for the U.S. population.

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## Chapter

9

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## Performance Improvement Plan

The purpose of this Performance Improvement Plan is to summarize the large number of satisfaction questions in the HCSDB so that the underlying patterns are more easily seen. These patterns help to identify key aspects of services or care that most influence beneficiary satisfaction.

Each point in Figure 9.1 represents one of the questions about satisfaction with military health care, Questions 52a-gg. For example, point H represents satisfaction with the length of time the beneficiary waits in the provider's office. The "importance" score in the figure is the correlation of overall satisfaction with ratings of these individual aspects of health care service. (A correlation was developed for each item.) For example, the correlation for office waiting time would indicate how "important" office waiting time is in determining the respondent's overall satisfaction with military care. Each specific aspect of health care, such as office waiting time, is a component of overall health care. Overall satisfaction with health care is a combination of the satisfaction ratings of individual components. The closer a point is to the top of the figure, the more important that component is in determining overall satisfaction with military health care.

The intersection of a service's importance and satisfaction value defines a point on the grid. The middle values of importance and satisfaction determine the lines that divide the grid into four priority quadrants. Services above the horizontal line are of greater importance to the beneficiary than those below the horizontal line, and they are noteworthy for their contribution to overall satisfaction. Services that beneficiaries are less satisfied with lie to the left of the vertical line, and those they are more satisfied with lie to the right of the line.

The quadrants may be interpreted as follows:

- **Top priority improvement opportunities** are in the top left quadrant. These are specific aspects of health care with which beneficiaries are relatively dissatisfied and, at the same time, are important in determining overall satisfaction. These are the areas that represent the greatest opportunities for increasing overall beneficiary satisfaction.
- **Top priority areas to maintain** are in the top right quadrant. These are aspects of health care with which beneficiaries are relatively satisfied and that are important in determining overall satisfaction. These are current strengths of the region.
- **Secondary priority improvement opportunities** are in bottom left quadrant. Low importance in determining overall satisfaction and low satisfaction characterize these aspects of health care. There may be a need for improvement, but these are lower priority items.
- **Secondary priority areas to maintain** are in the bottom right quadrant. These aspects of health care are characterized by low importance in determining overall satisfaction and high satisfaction. These areas appear to be meeting beneficiaries' expectations.

## Findings

The following aspects of military health care in Alaska were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These areas, which fall into four categories, should be the focus of remedial action in Alaska.

### **Access to System Resources**

- Access to health care whenever you need it (C)

### **Quality of Care**

- Ability to diagnose your health care problems (M)

### **Concern Shown by Health Care Providers**

- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

### **Choice and Continuity of Care**

- Ability to choose health care providers (BB)
- Ease of seeing the provider of your choice (CC)

**Figure 9.1 Performance Improvement Plan for Alaska**